

**RECEIVED
CENTRAL FAX CENTER**

MAR 31 2006

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/964,390
	Filing Date	September 28, 2001
	First Named Inventor	Larry D. Woodring
	Art Unit	2642
	Examiner Name	Q. H. Nguyen
	Attorney Docket Number	BS01379

Total Number of Pages in This Submission: 7

ENCLOSURES

(Check all that apply)

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form
<input checked="" type="checkbox"/> Fee Attached

<input type="checkbox"/> Amendment/Reply
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)

<input type="checkbox"/> Extension of Time Request
<input type="checkbox"/> Express Abandonment Request

<input checked="" type="checkbox"/> Information Disclosure Statement
<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Response to Missing Parts/Incomplete Application
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)
<input type="checkbox"/> Licensing-related Papers

<input type="checkbox"/> Petition
<input type="checkbox"/> Petition to Convert to a Provisional Application
<input type="checkbox"/> Power of Attorney, Revocation
Change of correspondence Address
<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Request for Refund

<input type="checkbox"/> CD, Number of CD(s) | <input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Proprietary Information

<input type="checkbox"/> Status Letter
<input type="checkbox"/> Other Enclosure(s) (please identify below): |
|--|---|--|

Remarks:

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Name (Print/Type)	Bambi Faivre Walters	Reg. No.:	45,197
Signature	<i>Bambi Faivre Walters</i>		
Date	March 31, 2006		

CERTIFICATE OF TRANSMISSION / MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner For Patents, PO Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Name (Print/Type)	Maureen M. Pettine	Date	03/31/2006
Signature	<i>Maureen M. Pettine</i>		

RECEIVED
CENTRAL FAX CENTER

MAR 31 2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Larry D. Woodring Group Art Unit: 2642
Application No.: 09/964,390 Examiner: Q. H. Nguyen
Filed: September 28, 2001 Docket No.: BLS01379
Title: "Systems and Methods for Providing User Profile Information in
Conjunction with an Enhanced Caller Information System"

VIA FACSIMILE 571-273-8300

Attn: Examiner Q. H. Nguyen

37 C.F.R. § 1.8 CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to the United States
Patent and Trademark Office on: 03/31/2006 (date of transmission).

Maureen M. Pettine

Name of Person Faxing This Paper

Maureen M. Pettine

Signature

March 31, 2006

Date of Transmission

INFORMATION DISCLOSURE STATEMENT

Pursuant to 37 CFR §§1.56, 1.97, and 1.98, the attention of the Patent and Trademark
Office is hereby directed to the references listed on the attached Form PTO 1449 (page 1).
The references are as follows:

6,154,531	Clapper	11/28/2000
5,481,599	MacAllister, et al.	01/02/1996
2002/0016748	Emodi, Dan	02/07/2002

This Information Disclosure Statement is being submitted after the mailing of a first
Office Action in this application and therefore, a certification fee is believed to be required
(37 CFR § 1.97(b)(3)).

04/03/2006 MBINAS 00000025 09964390

01 FC:1006

100.00 0P

It is respectfully requested that the references listed on the attached forms be expressly considered by the Examiner and be made of record in the application and appear among the "References Cited" on any patent to issue therefrom.

Respectfully submitted,



Bambi F. Walters
Attorney for Applicants
Registration No. 45,197
P. O. Box 5743
Williamsburg, VA 23188
Telephone: 757.253.5729

Date: March 31, 2006

MAR 31 2006

**FEE TRANSMITTAL
for FY 2005**☐ Applicant claims small entity status. See 37 CFR 1.27

Application Number	09/964,390
Filing Date	September 28, 2001
First Named Inventor	Larry D. Woodring
Examiner Name	Q. H. Nguyen
Art Unit	2642
Attorney Docket No.	BLS01379

TOTAL AMOUNT OF PAYMENT**\$180.00****METHOD OF PAYMENT (check all that apply)**☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other☐ Deposit Account

Deposit Account No. 19-2167

Deposit Account Name:

The Director is authorized to: (check all that apply)☒ Charge fee(s) indicated below☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☐ Charge fee(s) indicated below, except for the filing fee☒ Credit any overpayments**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES			SEARCH FEES		EXAMINATION FEES	
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	—
Design	200	100	100	50	130	65	—
Plant	200	100	300	150	160	80	—
Reissue	300	150	500	250	600	300	—
Provisional	200	100	0	0	0	0	—

2. EXCESS CLAIM FEESFee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims

- 20 or HP =

Extra ClaimsFee (\$)

x

Fee Paid (\$)

=

Fee (\$)Small Entity Fee (\$)

50

25

200

100

360

180

Multiple Dependent ClaimsFee (\$)Fee Paid (\$)

HP=highest number of independent claims paid for, if greater than 3.

Indep. Claims

- 3 or HP =

Extra ClaimsFee (\$)

x

Fee Paid (\$)

=

HP=highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250.00 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets

- 100 =

Extra Sheets

/ 50

(round up) x

Fee (\$)

=

Fee Paid (\$)Fee Paid (\$)**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):

Supplemental IDS Fee

180.00

SUBMITTED BY:Name (Print/Type)

Bambi F. Walters

Registration No.
(Attorney/Agent)

45,197

Complete (if applicable)Telephone:

(757) 253-5729

Signature*Bambi F. Walters*Date

3/31/06

MAR 31 2006

**FEE TRANSMITTAL
for FY 2005**☐ Applicant claims small entity status. See 37 CFR 1.27

Application Number	09/964,390
Filing Date	September 28, 2001
First Named Inventor	Larry D. Woodring
Examiner Name	Q. H. Nguyen
Art Unit	2642
Attorney Docket No.	BLS01379

TOTAL AMOUNT OF PAYMENT **\$180.00****METHOD OF PAYMENT (check all that apply)**☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other☐ Deposit Account Deposit Account No. 19-2167

Deposit Account Name:

The Director is authorized to: (check all that apply)☒ Charge fee(s) indicated below☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☐ Charge fee(s) indicated below, except for the filing fee☒ Credit any overpayments**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	—
Design	200	100	100	50	130	65	—
Plant	200	100	300	150	160	80	—
Reissue	300	150	500	250	600	300	—
Provisional	200	100	0	0	0	0	—

2. EXCESS CLAIM FEESFee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims

- 20 or HP =

Extra ClaimsFee (\$)

x

Fee Paid (\$)

=

Fee (\$)

Small Entity Fee (\$)

50

25

200

100

360

180

Multiple Dependent ClaimsFee (\$)Fee Paid (\$)

—

—

HP=highest number of independent claims paid for, if greater than 3.

Indep. Claims

- 3 or HP =

Extra ClaimsFee (\$)

x

Fee Paid (\$)

=

HP=highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250.00 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(a).

Total Sheets

- 100 =

Extra Sheets

/ 50

(round up) x

Fee (\$)

=

Fee Paid (\$)Fee Paid (\$)**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):

Supplemental IDS Fee180.00**SUBMITTED BY:**Name (Print/Type)

Bambi F. Walters

Registration No.
(Attorney/Agent)

45,187

Complete (if applicable)Telephone:

(757) 253-5729

Signature*Bambi F. Walters*Date

3/31/06

